PRINTED: 01/11/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES OUT PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER'S UPPLIER CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SI COMPLE	(X3) DATE SURVEY COMPLETED	
		09G134	B. WING		12/23/2010		
	ROVIDER OR SUPPLIER OR RESEARCH ASSO	CIATES	4	REET ADDRESS, CITY, STATE, ZIP COC 1629 NH BURROUGHS AVE, NE MASHINGTON, DC 20019	ĐE		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	l ID	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION	RECTION SHOULD BE	(X5) COMPLETION	
PREFIX TAG	/CACH DESIGNENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE A	PPROPRIATE	DATE	
W 000	INITIAL COMMEN	TS	W 000			:	
W 149	December 21, 201 December 23, 201 was selected from various cognitive a survey was initiated process. The findings of the observations and in in the home and a as a review of clien including incident of 483,420(d)(1) STA CLIENTS The facility must defer the company of the co	FF TREATMENT OF	W 149	DECEIVE Department of He Health Regulation & Licensing Intermediate Care Faciliti 899 North Capitol St Washington, D.C. 2	Administration es Division , N.E.		
	policies and proce mistreatment, neg This STANDARD Based on interview	dures that prohibit lect or abuse of the client. is not met as evidenced by: y and record review, the facility					
	failed to implement health and safety in the facility. (Client	t its policies to ensure the for two of the six clients residing ents #2 and #4)					
	The finding include	es:		W149		,	
	incident managem complete an incide they become know following:	I to implement the facility's nent policies (specifically, to ent report for all incidents when en), as evidenced by the		All of the nurses that pass medicincident reporting and other relevance be repeated at minimum every sibased on issues uncovered during audits. BRA has developed a new used by the RN to audit the medical records at minimum monthly!	vant topics. Train x months and as g internal manag v audit tool that cation administr	ning will needed ement will be	
	at 9:47 a.m., the force coordinator (IMC)	acility's incident management stated that she was unaware of				(X6) DATE	

Any deficiency statement ending with an asterisk (") denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days allowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 asys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2587(02499) Previous Versions Obsolete

Event ID: B05Y11

Facility ID: 09G134

If continuation sheet Page 1 of 14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		09G134	B. WING		12/2	3/2010
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	two days earlier. errors were consice and according to should have composite for the policy (not dated) medication errors errors, should be incident, using the She also stated to RN, who confirmed December 21, 20 Loratadine 10 mg Loratadine even to discontinued and documented the Client #2's and C Administration Relation and discontinued and having direct kno	page 1 Tors that may have occurred She stated that medication dered "Reportable" incidents their policies, nursing staff pieted an incident report. e IMC presented the applicable which, on page 8, stated that all , including documentation documented as a "Reportable" e approved incident report form. hat she had just spoken with the ed that on the morning of 10, Client #4 had not received though it had been previously that a nurse had improperly medication administrations on lient #4's Medication ecords. She stated that nurse(s) wledge of the medication errors for completing an incident report	W 149			
W 189	training records, approximately 12 staff (and others) incident manager March 2010 and nursing staff to corevealed that the earlier had not be 483.430(e)(1) ST The facility must initial and continu	AFF TRAINING PROGRAM provide each employee with ing training that enables the form his or her duties effectively,	W 189			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		09G134	B. WING		12/23/2010
	ROVIDER OR SUPPLIER OR RESEARCH ASSO	CIATES		REET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
W 189	Continued From pa	ge 2	W 189		
	Based on observation review, the facility for effectively trained on wheelchairs to superdirect support staff. The findings includes the findings includes the findings includes the fact that the findings includes the fact that the fact tha	, 2010, Client #1 was program, from 1:00 p.mm., when asked about the t1's wheelchair, his assigned taff person stated that it was in . She said a technician had approximately 2 1/2 weeks as operational. However, a B p.m.), inspection of the evealed that the small plastic g from the end of the right The 1:1 staff said she was that any parts were missing. 1010, at 10:53, the QMRP was cility's policies and systems for airing clients' adaptive ally wheelchairs. She stated staff were expected to report adaptive equipment to the M) or to the QMRP. The HM wheelchairs on a monthly the inspection on a 2-page aid she was not aware of any ient #1's wheelchair. The the HM, who also stated that		W189 Staff will be retrained on monitoring adaptive equipment and timely report 20-11 Staff will continue to be required to e equipment and report any issued they developed a new Adaptive Equipment Tracking form that will be used to me all adaptive equipment on a monthly will be used by the RN and QMRP, r professionalism for these monthly re	examine adaptive uncover but BRA has at Auditing and conitor the condition of basis. This new form raising the level of
	missing parts on Cli QMRP then asked the was not aware	ent #1's wheelchair. The			; ; ;

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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_	ROVIDER OR SUPPLIER OR RESEARCH ASSO	OCIATES		46	EET ADDRESS, CITY, STATE, ZIP CODE 29 NH BURROUGHS AVE, NE ASHINGTON, DC 20019		;
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	the right anti-tipper acknowledged that days earlier. 2. On December 23 of Daily Progress N Client #1's record be the past 10 days, start by the past 10 days, start by the past 10 days, start by the place of equipment working, notes documented condition of Client #1	ne, she informed the HM that wheels were missing and then she "forgot" to report it two 3, 2010, at 11:20 a.m., review otes that were entered into yeach shift revealed that for taff routinely had checked esignated for "adaptive." None of the shift progress any concems regarding the 11's wheelchair. [Note: Client of the shift progress any concems regarding the 11's wheelchair.	W.	189			
W 331	a.m., review of staff revealed no docum provided training or its direct support state of the FC indicated the had received training documentation of star for review.	3, 2010, beginning at 11:38 If in-service training records ented evidence that the facility in wheelchair maintenance for aff. Subsequent Interview with at while she thought that staff ing, she acknowledged that ald training was not available	w:	331			
		ovide clients with nursing nce with their needs.					
	Based on observativerification, the faci establish systems to monitoring and ider with clients' needs,	s not met as evidenced by: ion, interview and record ility's nursing services failed to o provide health care ntify services in accordance for four of the six clients ty. (Clients #1, #2, #3 and #4)		***************************************			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	staff failed to ensuradministered in cororders. On Decemore receive one of his particular to the facility's register clients' medications the pharmacy to the An LPN who worke then process the mobilister packs for clients them brought determination that the Loratedine 10 mg for Client #4 (even them for them to the company of the compan	e: /368] The facility's nursing e that all drugs were npliance with the physician's ber 21, 2010, Client #4 did not prescribed medications, while a medication that previously	W3	11 11 11 11 11 11 11 11 11 11 11 11 11	I and 2 BRA will insure that medication routinely are compared to the physicia to insure that the medications received medication regimens of each individual will conduct these reviews in conjunct will review the physician's orders and as well during monthly visits1-20-1 New medications or treatments sugges after hospital visits or through any other eviewed with the PCP by the RN and only after receiving approval from the	n's orders ar match the al supported. ion with the MARs with I ted by speci- er vehicles w will be impl	The RN LPN and the PCP alists or vill be
	"Unacceptable" and nursing team. 3. The facility's nurs implement an effect Client #1's fluid into and documented, a During the morning December 21, 2010 received his medical pudding. Beginning	would address it with her sing services failed to tive system to ensure that ke was consistently monitored s evidenced by the following: medication pass on , at 8:23 a.m., Cilent #1 tions mixed with chocolate at 8:58 a.m., review of the 010 POs revealed that he			3. The medication administration nurs provide water to client #1 was re-train medication pass procedures are follow medication nurses received the trainin The RN will observe medication adminimum once weekly to insure that a properly administered routinely1-24	ed to insure yed consister g I-4-1 I inistration at all medication	the ntly, All

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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W 331	medications. He di water at the medica morning. At 9:12 a.m., the malout his fluid intake not receive water the medications. She soffered him water it his breakfast. She measured water gives a did not record and administration Record review of Client #1'	edication nurse was asked the sedication of t	W3	31	·		
	medications, the cliprovide 250 cc of fl and snack. Staff w of fluids earlier that accordance with the p.m., Client #1's as	o the 30 cc of water with lent's POs reflected an order to uids at breakfast, lunch, dinner as observed measuring 250 cc morning at breakfast, In e POs. Later that day, at 1:10 signed 1:1 staff person stated d 250 cc with his lunch at the			· ,		
	coordinate services program nurse and to ensure timely an services, as eviden During the morning December 21, 2010 practical nurse (LP several attempts to drops into Client #3	sing services failed to closely with Client #3's day the the primary care physician d accurate preventive ced by the following: medication administration on 0, at 8:40 a.m., the licensed N) was observed making administer 1 drop of Muro eye is right eye. The client, bative and refused to	÷	i i i i i i i i i i i i i i i i i i i	4. All of the medication administration on all issues involving the administration including (1) insuring that the physiciaccurate and followed; (2) reporting remedication (3) properly documenting verbal orders (4) coordination with dather the eye drops have been discontinued PCPs order1-14-11	ion of the eye an's orders arefusal to acce and impleme by program se	e drops e pt nting rvices

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING 12/23/2010 B. WING 09G134 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 BEHAVIOR RESEARCH ASSOCIATES (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION ID SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE (X4) ID REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX DEFICIENCY) TAG W 331 W 331 Continued From page 6 cooperate. Eventually, the LPN stopped trying and the client did not receive the eye drop. a. On December 21, 2010, at 10:05 a.m., review of Client #3's current physician's orders (POs), dated December 1, 2010, indicated "Muro 128 5% Eye Drops. Instill 1 drop 3 times daily into left eye." The moming nurse, however, had tried W331 administering the drop to his right eye. In the future the nurse coordinator will ensure that if there are any new orders a note will be sent to the day program b. Review of Client #3's POs from previous with a follow-up call to the day program nurse to ensure months revealed that nursing staff failed to accuracy. The RN Coordinator and QMRP will visit the transcribe the orders for Muro eye drops day program on an on-going basis to ensure medication accurately. orders are accurate to also ensure that all areas are addressed according to the individuals needs.....02-02-11 (1) While his current POs, dated December 1, 2010, indicated the Muro eye drops were to be administered to his left eye, his December 2010 Medication Administration Record (MAR) had been altered; a line was drawn through the word left and "right" was written below it. On December 22, 2010, at 3:22 p.m., review of the client's progress notes from December 2009 revealed that he was evaluated at a hospital emergency room (ER) for a swollen left eye and received sutures. The ER discharge papers indicated the Muro eye drops were ordered for the left eye. On December 22, 2010, at 3:25 p.m., neither the written record nor concurrent interviews with the afternoon LPN and the registered nurse (RN) could explain why the order had been altered to say "right" eye. (2) On December 22, 2010, beginning at 2:59 p.m., continued review of Client #3's POs and MARs for the period December 2009 - December 2010 revealed that some of his POs indicated the

eye drop should be administered to his left eye (March 2010, May, 2010, June 2010, August

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İ	PROVIDER OR SUPPLIER OR RESEARCH ASSO	CIATES		STREET ADDRESS, CITY, STATE, 4529 NH BURROUGHS AVE, WASHINGTON, DC 20019	ZIP CODE .	20/2010
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	whereas POs for Ay through the word let Similarly, some of the reflected designated noon and 6pm, while the word "treatment times. (3) Client #3's POs to 2010 had the notated Murb eye drops. The not dated. On December was no corress his chart. Review o notes failed to indicated was given to discontaddition, Client #3's November 1, 2010 a reflected "Murb 128 times daily into left etc. On December 20, m., review of Clier December 2009 - December 2010. The December 2010 - The	o and November 2010), pril 2010 showed a line drawn ft, and "right" written instead. The client's monthly MARs of administration times of 6am, to e other MARs simply reflected without indicating specific for July 2010 and September on of "D/C'd" written for the electerations, however, were ember 22, 2010, at 3:22 p.m., ponding telephone order in the client's nurse progress ate why, or by whom, an order tinue the Muro eye drops. In POs, dated October 1, 2010, and December 1, 2010 all 5% Eye Drops. Instill 1 drop 3	W3	31		

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(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD PROSS-REFERENCED TO THE APPROPRIED TO THE	D BE COMPLÉTION	
eye." The nurse, however, stated that she had not been instructed by the home to administer eye drops and because the orders read "three times daily," she would not administer them without first receiving orders to do so. When informed that on the previous moming (December 21, 2010, at 10:10 a.m.), the client's MAR for December 2010 showed the designated times included a noon administration, the day program nurse expressed her willingness to administer the eye drops. When interviewed in the home later that afternoon, at 1:55 p.m., both the RN and the QMRP acknowledged that neither of them had addressed Client #3's order for Muro eye drops with the day program. It should be noted that on December 22, 2010, at 3:30 p.m., the primary care physician discontinued the Muro eye drops after receiving a telephone inquiry from the facility's RN seeking clarification. There was no evidence that the facility's nursing services effectively monitored his POs and MARs to ensure their accuracy and/or to determine the continued need for prescribed treatments such as Muro eye drops. W 368 The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure that all drugs were administered in compliance with the physician's orders, for two of the six clients			

AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION	(X3) DATE SURVEY		
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#2 then received his media.m 8:30 a.m., including Beginning at 8:58 a.m., including December 2010 physicia Medication Administration revealed an order for Lorent moming. Client #2's December 10:00 MARs indicated that he page 10:00 moming.	clients #2 and #4) sing medication December 21, 2010 Itid not receive one of his while Client #2 received viously had been bed by the following: Client #4 was observed s between 8:17 a.m en medications. Is not one of them. Client dications between 8:26 Ing Loratadine 10 mg. Review of Client #4's In's orders (POs) and In Record (MAR) Retail 10 mg every cember 2010 POs and previously had been of mg every moming. The continued, effective m., the medication nurse administered Loratadine then retrieved a blister of that was labeled with ar review of the blister sal was broken on each of December 1 - 21, that a tablet had been very moming that month. In of the medication	W 36	BRA will insure that medications compared to the physician's order that the medications received mate regimens of each individual support conduct these reviews in conjunct review the physician's orders and well during monthly visits1-20-New medications or treatments su after hospital visits or through any reviewed with the PCP by the RN only after receiving approval from	s and MARs to it the medication of the RN with the LPN MARs with the 11 ggested by specific other vehicles wand will be imp	nsure Il Il I and will PCP as alists or vill be lemented	

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	During the Exit cont 2010, the facility's re- her (ongoing) investing medication pass ob 2010 had confirmed blister pack of Loral afternoon of Decert 483.460(k)(2) DRUG The system for drug that all drugs, include	ference on December 23, egistered nurse indicated that tigation into the moming servations of December 21, if that Client #4 was without a tadine 10 mg, prior to the liber 21, 2010. ADMINISTRATION	Wa	368			
	Based on observation review, the facility far were administered working in the clients residing in the The findings include. The facility failed to system to ensure the medications as present medications after the discontinued, as evice [Cross-refer to W36] medication pass on #2 was observed receiven though it had be November 30, 2010, prescribed Loratading it that morning.	implement an effective at clients received cribed and/or did not receive e medication was denced by the foilowing: 8.1] During the morning December 21, 2010, Client ceiving Loratadine 10 mg een discontinued on		. ;	W369 In addition to the responses for W368 a review the MARs weekly to insure the errors, gaps or issues1-24-11	above, the R	N will dication

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED		
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	nursing staff had id December 21, 2010 had documented at to Client #4 every many labeled for his understand the Client #4 every many labeled for his understand the Client #4 every many labeled for his understand the Condition of the Exit concurse was observe short time earlier. During the Exit concurse was observe short time earlier. During the Exit concurse was observe short time earlier. During the Exit concurse was observed that an internal inverse preliminary findings received his prescrimorning December that the only morning Loratadine instead morning of December that the only morning the entire nursing the entire nursing the findings and report 483.470(g)(2) SPACThe facility must fur and teach clients to choices about the unhearing and other devices in the condition of	ARs showed no evidence that lentified the error prior to the 0 survey observations. Nurses dministering Loratadine 10 mg norning that month, even o blister pack of Loratadine 10 use. Likewise, Client #2's AR did not reflect nurses' er 21, 2010 (or any rnorning atadine 10 mg, even though the d administering it to Client #2 a setigation remained open. Here suggested that Client #4 had ibed Loratadine 10 mg each 1 - 20, 2010. She indicated that Client #2 received the of Client #4 was on the oper 21, 2010. She the survey findings revealed which she would address with earn. The facility's investigative were to follow.] CE AND EQUIPMENT Thish, maintain in good repair, ouse and to make informed use of dentures, eyeglasses, communications aids, braces, communications aids, braces,	W 4	369				
		s not met as evidenced by: on, staff interview and record					:	

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	equipment was furr condition as prescri	ailed to ensure that adaptive hished and maintained in good bed, for one of the two clients zed wheelchairs for mobility.	. ·	136			
	revealed that the fa- the physical therapi	view of Client #1's record cility failed to address timely st's recommendation that he heelchair, as evidenced by the					
	review of Client #1's records revealed the January 22, 2010, in "sling seating system body." The PT state from a custom where evaluation, dated Marecommended a culton Annual PT Evaluation recommended the coustom wheelchair, of the client's Individed 13, 2010, revealed (IDT) adopted the Picustomized wheeld record, however, fair facility had pursued	1010, beginning at 11:38 a.m., is physical therapy (PT) at a PT Evaluation, dated indicated that his wheelchair m" did "not fully support his ed that the client "may benefit elchair." In an updated ay 14, 2010, the PT stom wheelchair. Client #1's in, dated June 30, 2010, client "will benefit from a Obtain a 719a form." Review dual Support Plan, dated July that his interdisciplinary team into interdisciplinary team into interdisciplinary team into interdisciplinary team into show evidence that the the new wheelchair.			BRA began to pursue the needed whee 2010 as evidenced by the NRH summa did not have this documentation during subsequently requested it and received was completed. Neither the RN nor QI the follow up that had been done to the Program Manager has addressed this wand RN. At this point, the new wheeled developed and has been received. The and the client on the use of the chair	ary attached. g the survey it after the s MRP notes r at point and t with both the hair has beer PT has train	BRA but urvey eflected he QMRP
	QMRP, HM and the revealed that an LP the agency's corpor forms and requests	urrent interviews with the registered nurse (RN) N (who worked solely out of ate office) handled 719a for adaptive equipment.					

Facility ID: 09G134

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
(X1) PROVIDER/SUPPLIER/GUA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE S COMPE	
ı		09G134	B. WING		12/	23/2010
	PROVIDER OR SUPPLIER OR RESEARCH ASSO	DCIATES	46	EET ADDRESS, CITY, STATE, ZI 29 NH BURROUGHS AVE, NI ASHINGTON, DC 20019		
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W 436	however, failed to form had ever bee physician and forw At 2:15 p.m., revie Evaluation, dated evaluation failed to recommended cus monthly summary status of his wheel and the QIDP both not been actively rewheelchair needs new chair had been there was no evid acquire a customic recommendation of 13, 2010, five mor 2. [Cross-refer to conference on De approximately 11: QMRP and the fait that the wheelchair repair. However, inspection of the conference of the co	telephone conversation, clarify whether or not a 719a in signed by the primary care arded to the insurance carrier. W of Client #1's Annual Nursing July 10, 2010, revealed that the preflect the status of the client's reports also failed to reflect the lichair. At 2:20 p.m., the RN acknowledged that they had nonitoring Client #1's and did not know whether a sin ordered. Jence that the facility sought to each wheelchair since the PT's was adopted by the IDT on July inthe earlier. W189.] During the Entrance cember 21, 2010, at 36 p.m., interview with the cility coordinator (FC) indicated in used by Client #1 was in good at1:13 p.m. later that day, client's wheelchair revealed that wheels were missing from the	W 436			

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING B, WING HFD03-088 12/23/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4829 NH BURROUGHS AVE. NE BEHAVIOR RESEARCH ASSOCIATES WASHINGTON, DC 20019 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 1000: INITIAL COMMENTS 1000 A licensure was initiated on December 21, 2010 and was concluded on December 23, 2010. A sample of three residents was selected from a population of six men with various cognitive and intellectual disabilities. This survey was initiated utilizing the fundamental process. The findings of the survey were based on observations and interviews with clients and staff In the home and at three day programs, as well as a review of resident and administrative records, including incident reports. 1222 1222; 3510.3 STAFF TRAINING There shall be continuous, ongoing in-service training programs scheduled for all personnel. This Statute is not met as evidenced by: Based on observation, Interview and record review, the GHMRP failed to ensure that staff were effectively trained on reporting damaged wheelchairs to supervisors timely, for 19 of the 19 direct support staff employed by the facility. Chapter 35 The findings include: 3510.3 1. On December 21, 2010, Resident #1 was Staff will be retrained on monitoring the condition of observed at his day program, from 1:00 p.m. adaptive equipment and timely reporting to the RN on...1-1:42 p.m. At 1:12 p.m., when asked about the condition of Resident #1's wheelchair, his Staff will continue to be required to examine adaptive assigned 1:1 direct support staff person stated equipment and report any issues they uncover but BRA has that it was in good working order. She said a developed a new Adaptive Equipment Auditing and technician had made some repairs approximately Tracking form that will be used to monitor the condition of 2 1/2 weeks earlier and that it was operational. all adaptive equipment on a monthly basis. This new form However, a minute later (at 1:13 p.m.), inspection will be used by the RN and QMRP, raising the level of of the resident's wheelchair revealed that the professionalism for these monthly reviews...1-20-11. small plastic wheels were missing from the end of the right anti-tipper device. The 1:1 staff sald she

Health Regulation Administration .

LABDRATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Health	Regulation Administr	ation				. 0	
STATEMEN ND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA MBER:	(X2) MULTI A. BUILDIN B. WING	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	on December 23, asked about the farmonitoring and repequipment, specific that direct supports any problems with a house manager (Hi routinely inspected basis, documenting form. The QMRP smissing parts on ReQMRP then asked she was not aware Resident #1's whee person was reached the HM that the right missing and then at to report it two days. On December 23 of Daily Progress N Resident #1's record	aware that any parts was a to a	MRP was stems for offive e stated or report of the The HM onthly 2-page are of any alr. The staff on staff of the difference e "forgot" e "forgot" e dinto led that	I 222			
	"yes" at the place dequipment working notes documented condition of Reside	s, staff routinely had o esignated for "adapti " None of the shift p any concerns regardi nt #1's wheelchair. [led 1:1 staffing suppor awake hours.]	ve rogress ng the Note:				
	a.m., review of staff revealed no docume provided training on its direct support sta the FC indicated that	a, 2010, beginning at fin-service training reented evidence that to wheelchair maintenaff. Subsequent interat while she thought to g, she acknowledged	cords he facility ance for view with hat staff				

TATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		R/CLIA MBER:	(X2) MULTI A. BUILDIN B. WING	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED - 12/23/2010		
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1 222	Continued From pa	age 2		l 222			
	documentation of said training was not available for review.					;	
1 399	9 3520.2(i) PROFESSION SERVICES: GENERAL PROVISIONS			l 399			
	professional staff necessary profess accordance with the individual habilitation necessary by the individual habilitation necessary habilitatio	all have available quato carry out and mon- sional interventions, in he goals and objective ion plan, as determine interdisciplinary team ces may include, but ervices provided by in and licensed as reque all law in the following as of services: anguage therapy; and out met as evidenced in the wand record review,	es of every ed to be The not be ndividuals ired by				
	GHMRP failed to professional cred- individual providir GHMRP, as requ in the following di	ensure that a copy of entials was maintaining or professional service ired by District of Col isciplines or area:	od for each ses at the				
	(i) Speech and La	anguage Therapy.			3520.2 (i)		i
ealth Reg	Review of the personnel records on December 22, 2010, beginning at 4:29 p.m., revealed that a current license/professional certification was not available for the Speech Language Therapist and/or her assistant. At approximately 5:10 p.m. the GHMRP's facility coordinator confirmed that the license/ professional credentialing for the Speech Language Therapist and/or her assistan			BRA will obtain a current pathologist for the district certification for the district timely manner a new speed by2-30-11 BRA will review the person follow up proactively on s	of Columbia once her t is completed. If not ch pathologist will be onnel records quarterly uch concerns2-26-1	done in a recruited in order to	

PRINTED: 01/11/2011 FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY DPLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HFD03-088 12/23/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE. NE BEHAVIOR RESEARCH ASSOCIATES WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 1399 Continued From page 3 1399 were not available for review. At 5:15 p.m., a search of professional licensing records online revealed no evidence that the consulting Speech Language Therapist was licensed to practice in the District of Columbia, In accordance with: Title 3. Chapter 12 of the District of Columbia Official Code SUBCHAPTER V. LICENSING. REGISTRATION, OR CERTIFICATION OF HEALTH PROFESSIONALS § 3-1205.01. License, registration, or certification required. (a) A license issued pursuant to this chapter is required to practice medicine, acupuncture, chlropractic, registered nursing, practical nursing, dentistry, dental hygiene, dletetics, marriage and family therapy, massage therapy, naturopathic medicine, nutrition, nursing home administration. occupational therapy, optometry, pharmaceutical detailing, pharmacy, physical therapy, podiatry, psychology, social work, professional counseling, audiology, speech-language pathology, respiratory care, advanced practice addiction counseling, or to practice as an anesthesiologist assistant, physician assistant, physical therapy assistant, polysomnographic technologist. occupational therapy assistant, or surgical assistant in the District, except as otherwise provided in this chapter. No additional information was presented before the survey ended 24 hours later.

Health Regulation Administration

1500 3523.1 RESIDENT'S RIGHTS

Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	(X2) MUL A. BUILD B. WING	 	COMPLI	ETED
NAME OF F	PROVIDER OR SUPPLIER		STREET AC	DESS CITY	, STATE, ZIP CODE	s received routinely are res and MARs to insure the medication with the LPN and i MARs with the PCP and will be implement the PCP1-20-11 areceived routinely are res and MARs to insure the hemolication orted. The RN will be implement the PCP1-20-11 areceived routinely are res and MARs to insure the hemolication orted. The RN will tion with the LPN and i MARs with the PCP and i MARs	3/2010
	OR RESEARCH ASS	OCIATES	4629 NH		HS AVE, NE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY .SC IDENTIFYING INFORMA	FULL	PREFIX TAG	FIX (EACH CORRECTIVE ACTION SHOULD BE		(X6) COMPLETE DATE
	Continued From page 4 chapter, and other applicable District and federal laws. This Statute is not met as evidenced by: 1. Based on observation, interview and record verification, the GHMRP failed to ensure the residents' right to receive appropriate and necessary nursing services, for four of the six residents of the facility. (Residents #1, #2, #3 and #4) The findings include: a. [Cross-refer to Federal Deficiency Report - Citation W368] The facility's nursing staff falled to ensure that all drugs were administered in compliance with the physician's orders. On December 21, 2010, Resident #4 did not receive			1 500	BRA will insure that medications recompared to the physician's orders that the medications received matcher regimens of each individual suppor conduct these reviews in conjunction	and MARs to in the medication ted. The RN wil	nsure I
	one of his prescribe #2 received a medic been discontinued. b. [Cross-refer to Fe Cltation W369.1] Or approximately 2:20 facility's registered residents' medicatio from the pharmacy to office. An LPN who would then process including blister pacthis facility, and have Upon determination of Loratadine 10 mg December 2010 (evin November) and not 10 mg for Residents current order), the Residents of the process	ed medications, while cation that previously ederal Deficiency Report December 22, 2010 p.m., interview with the routinely were delied to the agency's corporation worked solely in that the medications receives them brought to the that there was a blist	Resident had oort - , at ne hat ivered rate office ived, ing in facility. er pack ontinued tadine mained a s		review the physician's orders and Mell during monthly visits 1-20-1 New medications or treatments sugafter hospital visits or through any reviewed with the PCP by the RN a only after receiving approval from a compared to the physician's orders that the medications received match regimens of each individual suppor conduct these reviews in conjunction review the physician's orders and Mell during monthly visits 1-20-1 New medications or treatments sugafter hospital visits or through any or reviewed with the PCP by the RN a only after receiving approval from the support of the supp	ARs with the F gested by special other vehicles wand will be impleted the PCP1-20- eccived routinely and MARs to in the medication ted. The RN will on with the LPN ARS with the P gested by special other vehicles wand will be impleted and will be impleted.	PCP as alists or vill be emented 11 y are asure and will PCP as alists or vill be emented

TATEMENT	ATEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:		ER/CLIA MBER:	(X2) MULTIP A. BUILDING B. WING		(X3) DATE SI COMPLE	URVEY ETED 3/2010
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1 500	Citation W331.3] failed to impleme that Resident #1' administration of his record. d. The facility's n coordinate service day program nurphysician to ensupreventive service following: During the morn December 21, 2' practical nurse (several attempts drops into Resident #000 for R	Federal Deficiency R The facility's nursing nt an effective system s fluid intake during the medications was docurrent ursing services failed the sectosely with Residues closely with Residues and the the primary the sectosely with Residues and accurate the secto	n to ensure the currented in I to lent #3's ry care the the histration on licensed making of Muro eye he resident, I to ped trying eye drop. a.m., review orders (POs) Muro 128 daily into left had tried the m previous ailed to rops	on of me Co	he future the RN Coordinator wifluid restrictions will be monitor documenting the amount of fluid dication pass on the MAR chart ordinator on an on-going basis the future the RN Coordinator was staff are provided on-going mpliance with the fluid restriction oper hydration. This training with arterly and as needed basis	intake during and reviewed by to the control of the	the RN 13-11 in ure
	- COAO indicator	urrent POs, dated De i the Muro eye drops o his left eye, his Dec	Meie to no				·

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			•	BURROUGH	STATE, ZIP CODE		
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b le D re re re en th no in re le	een altered; a line oft and "right" was a secember 22, 2010 esident's progress are vealed that he was mergency room (Exceived sutures. To dicated the Muro esterviews with the adjustered nurse (Rhad been altered to 2010 on December 22 m., continued revied ARs for the period 2010 revealed that is a red and a revealed that is red a revealed that is revealed that is red a revealed that is revealed that is re	2, 2010, beginning at the work of Resident #3's in December 2009 - December 2009 - December 2010, August 2010, June 2010, August 2010 showed a limit and "right" written it is resident's monthly administration times to other MARs simply without indicating specific properties.	v of the er 2009 pital eye and pers red for 3:25 p.m., reflected war ref				
See Wr ho 20 tel res wh	eptember 2010 had itter for the Muro of wever, were not do 10, at 3:22 p.m., it ephone order in his sident's nurse prog ny, or by whom, an scontinue the Muro	is for July 2010 and if the notation of "D/C eye drops. The alter ated. On December here was no corresponder was noted to order was given to eye drops. In additional ated October 1, 201	ations, 22, onding ne indicate				

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	reflected "Muro 128 3 times daily into les 2 p.m., review of Res December 2009 - Dan LPN, the RN and had all signed the nindication, however, team identified transeye, designated trassurvey. (4) On December 2: Resident #3's day president did not received the presented Resinovember and December and December and December and December and December and the day into les stated that she had home to administer orders read "three the administer them with do so. When inform moming (December resident's MAR for I designated times into administer the ey. When interviewed in the day program nut to administer the ey.	and December 1, 20 is 5% Eye Drops. Instift eye." 2, 2010, beginning a ident #3's POs for the pecember 2010 reveal the primary care phonthly POs. There is, that the resident's necription errors (left eatment times, etc.) program nurse stated eive any medications is day there. At 11:4 dent #3's POs for Ocember 2010. They at 5% Eye Drops. Instift eye." The nurse, he not been instructed they drops and becaulmes daily," she would hout first receiving or ned that on the prevint 21, 2010, at 10:10 at December 2010 show cluded a noon adminise expressed her will edops.	t 2:59 e period aled that hysician was no nedical eye, right rior to this a., that the or 6 a.m. ctober, di 1 drop owever, by the d not ders to ous a.m.), the ved the istration, illingness	1500	3. The medication administration number provide water to client #1 was re-train medication pass procedures are follo medication nurses received the training. The RN will observe medication adminimum once weekly to insure that properly administered routinely!-24. All of the medication administration all issues involving the administration accurate and followed; (2) reporting medication (3) properly documenting verbal orders (4) coordination with dotto accurate and followed; (2) reporting the eye drops have been discontinue PCPs order!-!4-11 BRA began to pursue the needed whe 2010 as evidenced by the NRH summedid not have this documentation during subsequently requested it and receive was completed. Neither the RN nor Counter follow up that had been done to the Program Manager has addressed this and RN. At this point, the new wheeled eveloped and has been received. The and the client on the use of the chair Staff will be retrained on monitoring adaptive equipment and timely report 20-11 Staff will continue to be required to equipment and report any issues they developed a new Adaptive Equipment Tracking form that will be used to morall adaptive equipment on a monthly all ad	ined to insure a weed consistent of the eye innistration at all medication 24-11 on nurses were attion of the eye ian's orders are refusal to access and implement and the survey by the eye ian's attached. The survey by the eye ian's attached is after the survey by the eye ian's attached in the survey by the eye ian's attached in the eye ian's attached in the survey by the eye ian's attached in the survey by the eye ian's attached in the eye ian's attached in the eye is eye in the eye is the eye is eye in the eye is eye in the eye is the eye is the eye is eye in the eye is the ey	the tly, All as are trained e drops e pt nting rvices per the e of BRA purvey filected ne QMRP ed staff of onI- ve RA has
; ; ;	QMRP acknowledge addressed Resident drops with the day p that on December 2	.m., both the RN and ed that neither of the t#3's order for Muro program. It should be 2, 2010, at 3:30 p.m. an discontinued the !	n had eye noted , the		will be used by the RN and QMRP, reprofessionalism for these monthly rev	sising the leve	lof I

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING HFD03-088 12/23/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE. NE BEHAVIOR RESEARCH ASSOCIATES WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX | (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY 1500 Continued From page 8 1500 drops after receiving a telephone inquiry from the facility's RN seeking clarification. There was no evidence that the facility's nursing services effectively monitored his POs and MARs to ensure their accuracy and/or to determine the continued need for prescribed treatments such as Muro eye drops. 2. Based on observation, staff interview and record review, the facility failed to ensure that adaptive equipment was furnished and maintained in good condition as prescribed, for one of the two residents (out of six) who utilized wheelchairs for mobility. (Resident #1) The finding includes: During the Entrance conference on December 21, 2010, at approximately 11:36 p.m., interview with the QMRP and the facility coordinator (FC) revealed that the wheelchair used by Resident #1 was in good repair. His wheelchair, however, was not in good repair, as evidenced by the following: a. The facility failed to ensure that staff reported damaged wheelchairs to supervisors timely, as evidenced by the following: (1) On December 21, 2010, Resident #1 was observed at his day program, from 1:00 p.m. -1:42 p.m. At 1:12 p.m., when asked about the condition of Resident #1's wheelchair, his assigned 1:1 direct support staff person stated that it was in good working order. She said a technician had made some repairs approximately 2 1/2 weeks earlier and that it was operational. However, a minute later (at 1:13 p.m.), inspection of the resident's wheelchair revealed that the

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE		(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE S COMPLI	TED
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	small plastic wheels were missing from the end of the right anti-tipper device. The 1:1 staff said she was previously unaware that any parts were missing.			·			:
	asked about the fa monitoring and rep equipment, specific that direct support any problems with house manager (H routinely inspected basis, documenting form. The QMRP missing parts on R QMRP then asked she was not aware Resident #1's whe person was reached the HM that the rig	cility's policies and sylairing residents' adalcally wheelchairs. Sheaff were expected adaptive equipment IM) or to the QMRP. I wheelchairs on a mage the inspection on a said she was not awalesident #1's wheelch the HM, who also steed of any missing parts elchair. When the 1: and by telephone, sheat anti-tipper wheels acknowledged that she carlier.	vstems for ontive the stated to report to the The HM onthly 2-page are of any pair. The tated that is on 1 staff informed wera				
	of Daily Progress I Resident #1's reco for the past 10 day "yes" at the place equipment working notes documented condition of Resid Resident #1 receive hours daily, during (3) On December a.m., review of sta	23, 2010, at 11:20 a. Notes that were entered by each shift reverse, staff routinely had designated for "adapg." None of the shift if any concerns regarent #1's wheelchair. Wed 1:1 staffing supper awake hours.] 23, 2010, beginning aff in-service training mented evidence that	red into aled that checked tive progress ding the [Note: ort 16 at 11:38 records				
:	provided training (its direct support	on wheelchair mainte	nance for	:	,		

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY ND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B WING HFD03-088 12/23/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE. NE BEHAVIOR RESEARCH ASSOCIATES WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1500 Continued From page 10 1500 b. Interviews and review of Resident #1's record revealed that the facility failed to address timely the physical therapist's recommendation that he receive a custom wheelchair, as evidenced by the following: On December 23, 2010, beginning at 11:38 a.m., review of Resident #1's physical therapy (PT) records revealed that a PT Evaluation, dated January 22, 2010, indicated that his wheelchair "sling seating system" did "not fully support his body." The PT stated that the resident "may benefit from a custom wheelchair." in an updated evaluation, dated May 14, 2010, the PT recommended a custom wheelchair. Resident #1's Annual PT Evaluation, dated June 30, 2010. recommended the resident "will benefit from a custom wheelchair. Obtain a 719a form." Review of the resident's Individual Support Plan, dated July 13, 2010, revealed that his interdisciplinary team (IDT) adopted the PT's recommendation for a "customized wheelchair." Continued review of the record, however, failed to show evidence that the facility had pursued the new wheelchair. At 12:00 p.m., concurrent interviews with the QMRP, HM and the registered nurse (RN) revealed that an LPN (who worked solely out of the agency's corporate office) handled 719a forms and requests for adaptive equipment. During the interview, the RN spoke with the LPN by telephone. The telephone conversation. however, failed to clarify whether or not a 719a form had ever been signed by the primary care physician and forwarded to the insurance carrier. At 2:15 p.m., review of Resident #1's Annual Nursing Evaluation, dated July 10, 2010, revealed that the evaluation failed to reflect the status of

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION) PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HFD03-088 12/23/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4629 NH BURROUGHS AVE. NE **BEHAVIOR RESEARCH ASSOCIATES** WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 1500 Continued From page 11 1500 the resident's recommended custom wheelchair. The QMRP's monthly summary reports also failed to reflect the status of his wheelchair. At 2:20 p.m., the RN and the QMRP both acknowledged that they had not been actively monitoring Resident #1's wheelchair needs and did not know whether a new chair had been ordered. There was no evidence that the facility sought to acquire a customized wheelchair since the PT's recommendation was adopted by the IDT on July 13, 2010, five months earlier.

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	and was concluded sample of three respondation of six me intellectual disabiliting utilizing the fundam. The findings of the observations and in in the home and at	survey were based o terviews with clients three day programs, ent and administrativ	office A from a tive and initiated in and staff as well				
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	criminal history of the contract worker for in all jurisdictions we employee or contra	round check shall dis ne prospective emplo the previous seven (ithin which the prosp ct worker has worked even (7) years prior t	yee or 7) years, ective d or				
	Based on interview records, the GHMR unilcensed person, background check temployee had work	met as evidenced by and review of persor P, prior to employing falled to obtain a crition all jurisdictions in ed or resided within teck, for 1 out of 19 dyed by the facility.	nnel an ninal which the the 7				
!	The finding includes	5 .			R125	:	
	December 22, 2010 1's record document	or all staff were revie beginning at 4:29 p ted that on Septemb check had been obt bia. Review of his	.m. Staff er 10,		The requested criminal background Maryland (based on Maryland reside the final day of the survey (see attac BRA will insure in the future that al the appropriate background check possessions).	ence) was comp hed copy)12 I potential staff	pleted on -22-11 receives
leaith Regul	ation Administration				0 - 20		$\overline{}$

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TATE FORM

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